



Wisconsin Department of
Children and Families

Family First Prevention Services Act

DMCPS Three-Part Survey Results: Broad Overview



Areas of Consideration

- Barriers to services that would prevent Child Abuse/Neglect
 - Lack of community connection to CPS system
 - Access to services either in the home or in their immediate community
 - Waitlist for programs
 - Transportation
- Services needed to prevent removal from the home
 - Services that meeting the family's schedule
 - System navigators and warm hand off to services
 - Services within the communities that people live in
 - Collaboration with faith based and other community services
 - More in-home services
 - More community centers/neighborhood house style programs
- Other areas of concern
 - Staff caseloads
 - Cultural sensitivity of staff/lack of understanding of MKE culture
 - Allowing family/communications after removal for children



DMCPS Provider and Consumer Surveys

Introduction to Survey Logic

Purpose: The research and statistical analysis conducted by the Division of Milwaukee Child Protective Services Quality Improvement Section set out to investigate whether the views that providers have concerning family needs match with the views of the consumer and, are these needs being addressed by programs offered in Milwaukee county

Procedure: In order to understand the level of agreement, the following three surveys were conducted

- *Environmental Survey:* An environmental scan to determine which prevention programs and services approved or likely to be approved in the Federal Clearinghouse are operating in Milwaukee County.
- *Provider Survey:* Providers' view concerning barriers and solutions to CPS involvement
- *Consumer Survey:* Providers' view concerning barriers and solutions to CPS involvement

Qualitative Conclusions: Can be based on the amount of “overlap” of the 3 surveys

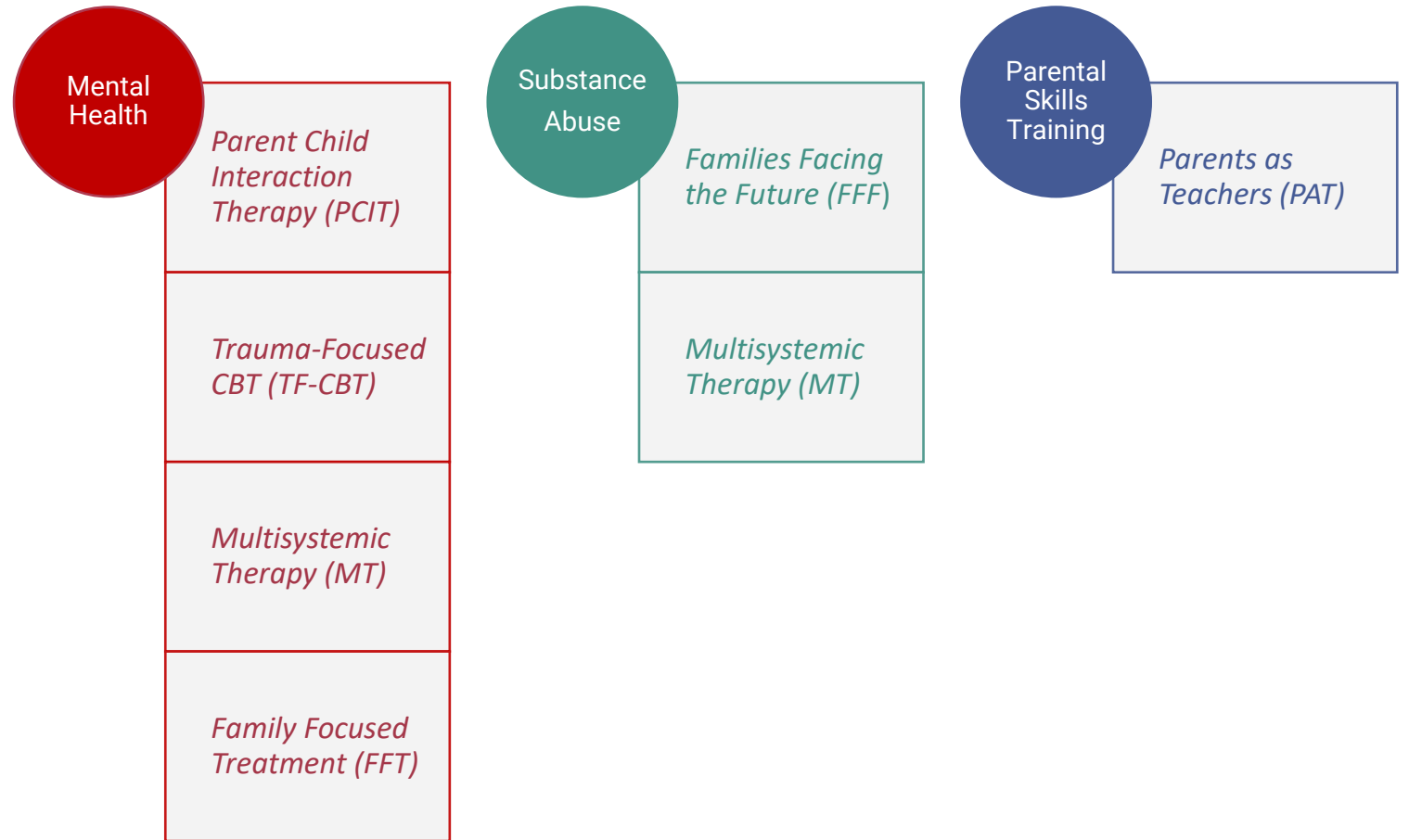


DMCPS Provider and Consumer Surveys

Environmental Survey: Key Program Findings – Part 1

Survey 1: Demographics - Approved Programs:

- Seven of the initial 8 programs approved by the Title IV-E Prevention Services Clearinghouse operated in Milwaukee and were the focus of the Environmental Survey. The 7 approved programs fell into the following defined categories



DMCPS Provider and Consumer Surveys

Environmental Survey: Key Program Findings – Part 1

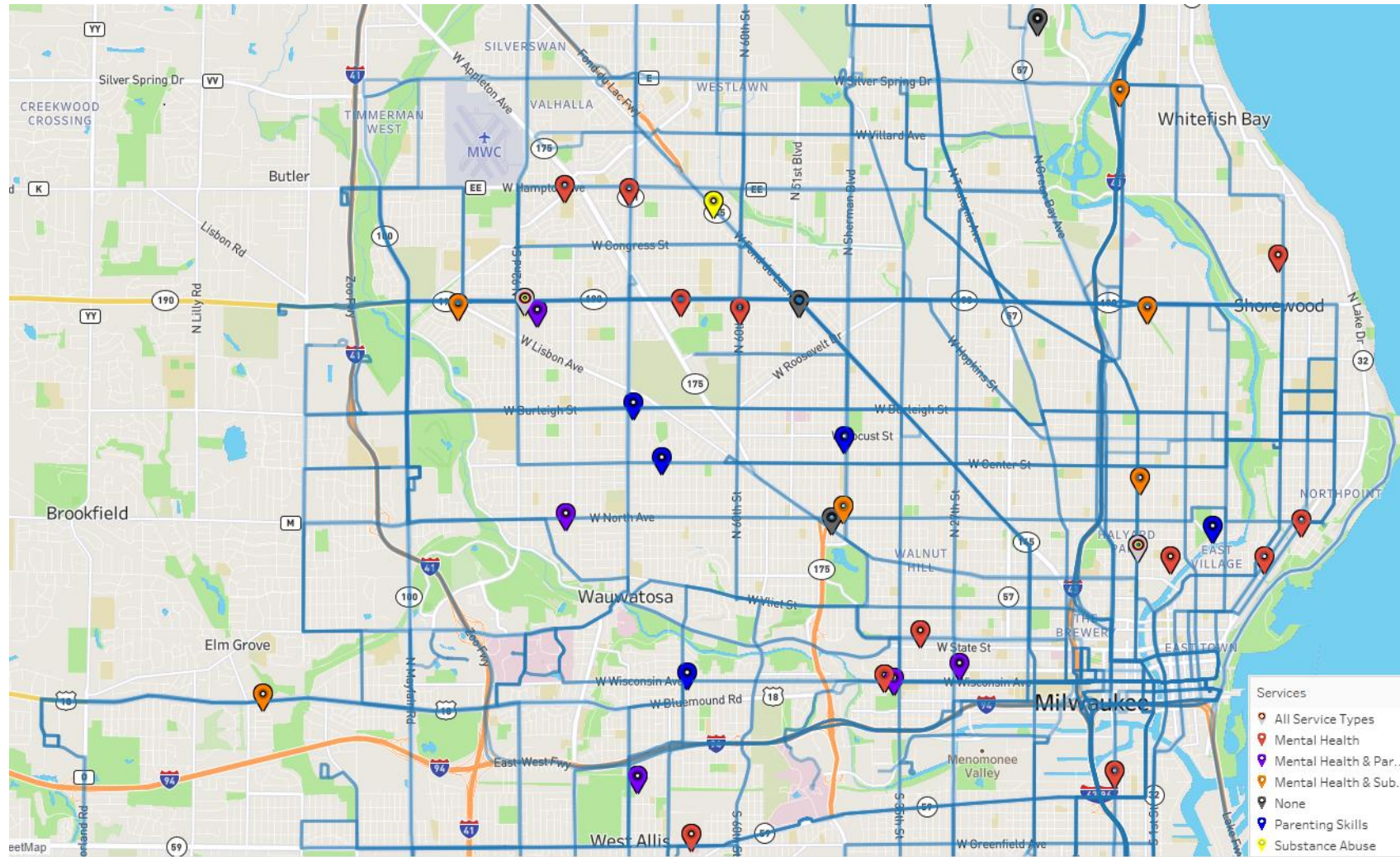
Environmental Survey: Approved Programs

Mental Health	Substance Abuse	In-Home Parental Skills Training
<ul style="list-style-type: none">• Brief Strategic Family Therapy (BSFT)*• Family Check-Up (FC)*• Multidimensional Family Therapy (MDFT)*• Multisystemic Therapy (MT)*	<ul style="list-style-type: none">• Brief Strategic Family Therapy (BSFT)*• Multidimensional Family Therapy (MDFT)*• Multisystemic Therapy (MT)*	<ul style="list-style-type: none">• Brief Strategic Family Therapy (BSFT)*• Family Check-Up (FC)*• Multidimensional Family Therapy (MDFT)*
<ul style="list-style-type: none">• Parent Child Interaction Therapy (PCIT)*• Trust-Based Relations Intervention 101 (TBRI)• Trauma-Focused CBT*• Triple P - Level 4 Multiple versions*• Child-Parent Psychotherapy (CPP)*• Incredible Years – Multiple versions (IC)*• Interpersonal Psychotherapy (IP-Adol)*	<ul style="list-style-type: none">• Sobriety Treatment and recovery Teams• Adolescent Community Reinforcement Approach (ACRA)• Families Facing the Future (FFF)*• Methadone Maintenance Therapy• Motivational Interviewing (MI)*	<ul style="list-style-type: none">• Nurse-Family Partnership (NFP)*• Parents as Teachers (PAT)*• SafeCare*• Sobriety Treatment and recovery Teams• Healthy Families America (HFA)*• Homebuilders - Intensive Family Preservation and Reunification Services• Intercept• Iowa Parent Partner Approach



DMCPS Provider and Consumer Surveys

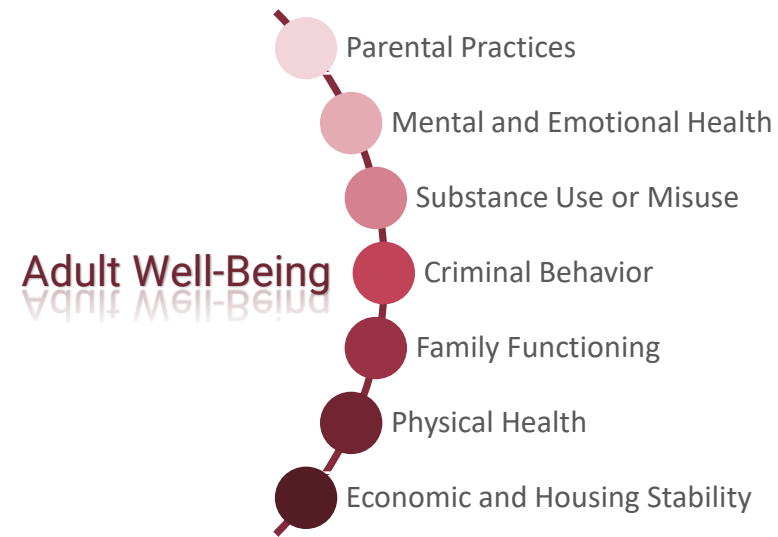
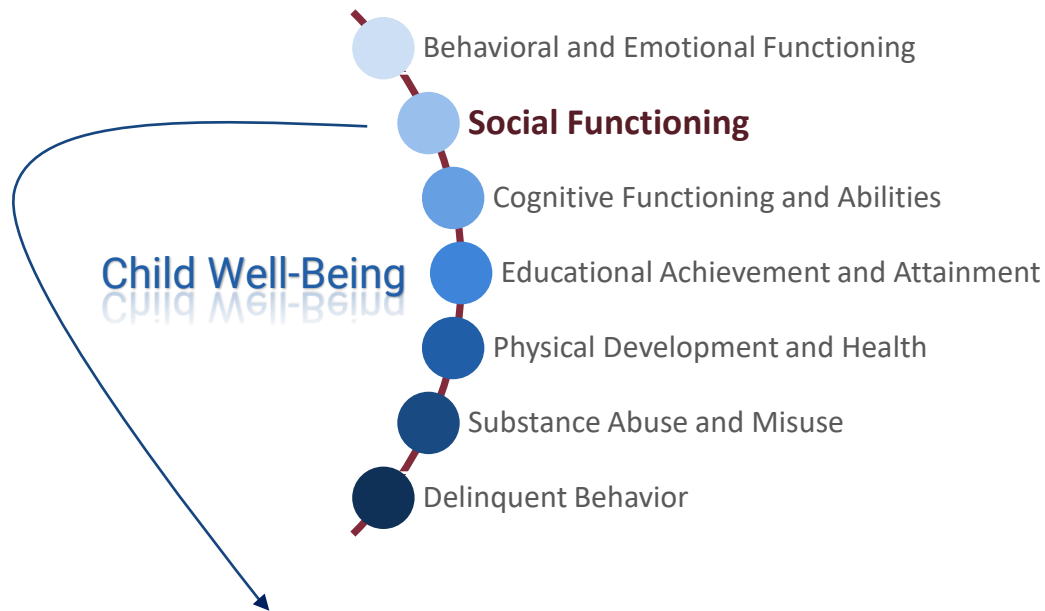
Environmental Survey: Respondent Map



DMCPS Provider and Consumer Surveys

Targeted Outcomes: Overview of Approval Process For the Prevention IV-E Clearinghouse

Targeted Outcomes: Title IV-E Clearinghouse approved programs must show a positive statistically significant result for at least one of the defined targeted outcomes. Targeted outcomes are defined by the clearinghouse for both Child and Adult Well-Being, and each has a sub list of abilities that make up the areas of possible research.



- ***Social Functioning*** is defined as related to: The Ability to develop, maintain, and manage interpersonal relationships measured through social skills, assertiveness, cooperation, empathy, social adjustment, peer relations, rebelliousness, defiance, and other similar characteristics related to interpersonal interactions and relationships.



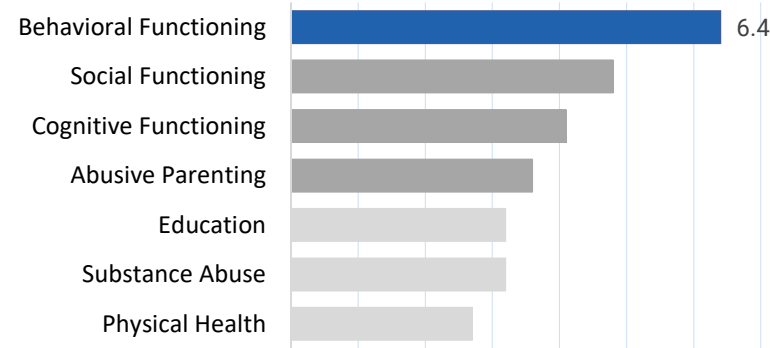
DMCPS Provider and Consumer Surveys

Environmental Survey: Key Findings – Part 2

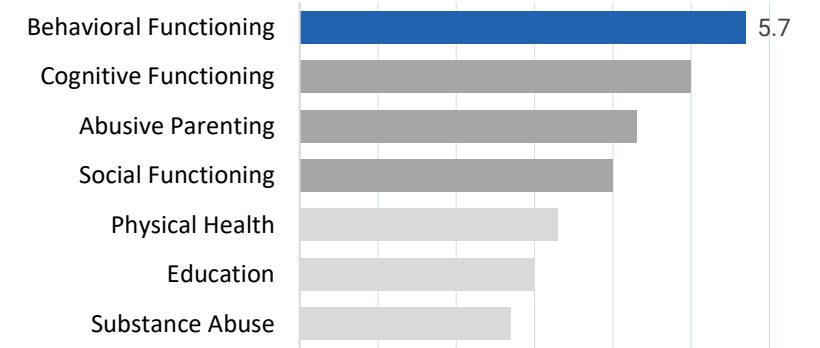
Environmental Survey: Key Findings – Targeted Outcomes for Mental Health (MH) and Substance Abuse (SA):

- **Child Well-Being:** Outcome focus was similar across provider type
- **Adult Well-Being:** Outcome focus was similar across provider type with the exception that serial position changed for those outcomes that are not focal priority.
 - **Note:** Due to low response rate for the Parental Skills group, those data are not reported here.

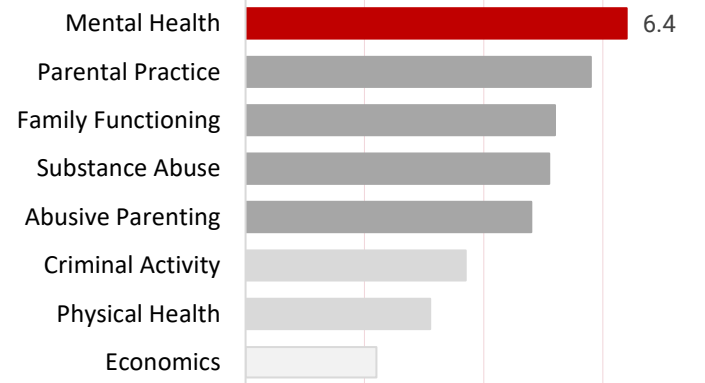
Children's Outcome Ranking (MH)



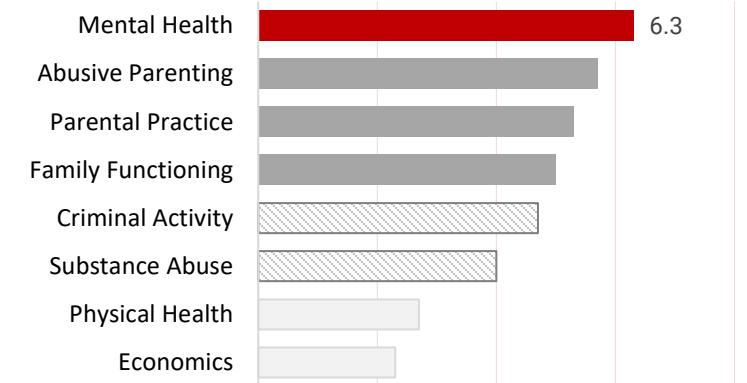
Children's Outcome Ranking (SU)



Adult's Outcome Ranking (MH)



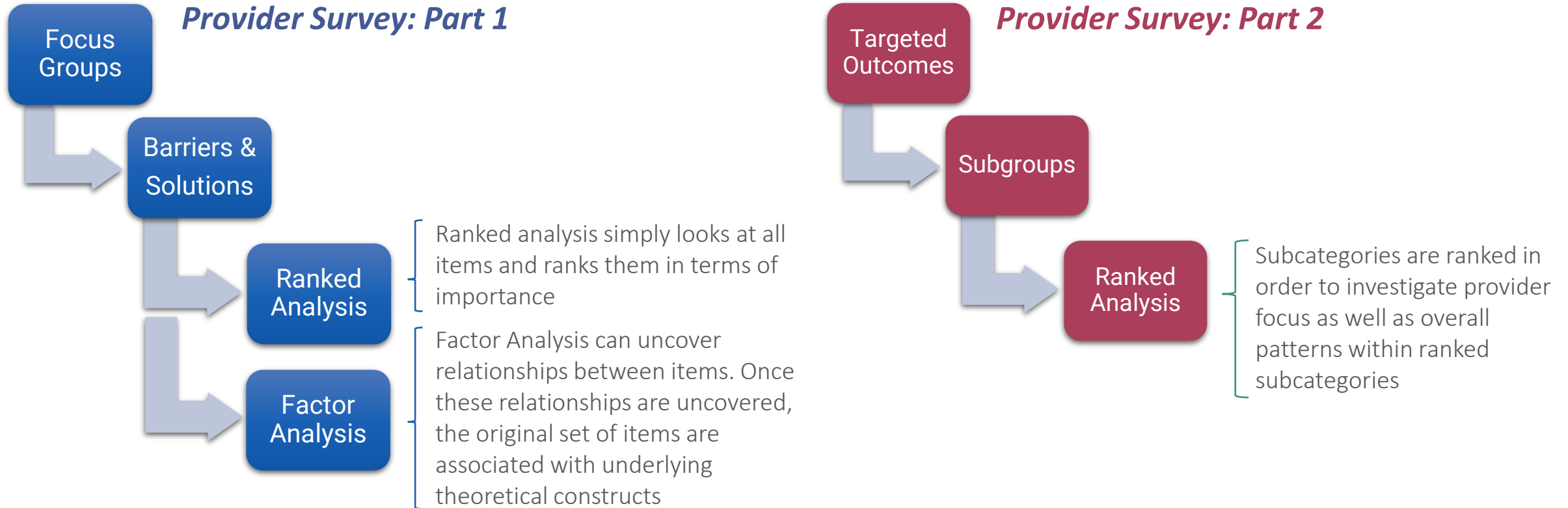
Adult's Outcome Ranking (SU)



DMCPS Provider and Consumer Surveys

Provider Survey: Organization and Logic

Provider Survey: Process and Analytical Concepts



DMCPS Provider and Consumer Surveys

Provider Survey: Key Findings – Part 1

Provider Survey 2: Key Findings for Part 1 – Ranked Analysis

Analysis of Rankings:

- This section asked all three respondent groups (MH, SA, and PS) to pick the five most important barriers and solutions for each of the three different types of care populations (OHC, IIH and AR).

Considerations:

- Allows for the separation and identification of those items that have a higher level of perceived importance as well as determining if items are “especially” important across groups
- Although the aggregated charts are a good summary of the overall picture of how rankings compare, it is important to look at all individual group results for idiosyncratic patterns



DMCPS Provider and Consumer Surveys

Provider Survey: Key Findings – Part 1

Provider Survey: Key Findings for Part 1 – Ranked Analysis

Barrier Items Providers Perceived as Higher Rank

- Lack of social support for the child and family in times of need
- The child welfare system has unrealistic expectations for families with complex needs
- Fear and distrust of system partners

Barrier Items Providers Perceived as Lower Rank

- An additional professional with specialized training for parents with delays or child with special needs to assist the IAS or CM
- Professionals are not skilled at teaching families how to navigate and access services in the Milwaukee community so the family can later access services independently
- Stigma felt by the parent regarding the parent's or child's condition or issue
- Insufficient diversity of providers
- Stigma felt by the parent/family due to the child abuse or neglect that occurred
- Locations where services are provided are difficult for families to reach

Overall Rankings

Barrier Items (Higher Rank)	10,13,3
Barrier Items (Lower Rank)	6,12,2,5,1,20
Solution Items (Higher Rank)	7,19,16,2
Solution Items (Lower Rank)	10,9,1,8



DMCPS Provider and Consumer Surveys

Provider Survey: Key Findings – Part 1

Provider Survey: Key Findings for Part 1 – Ranked Analysis

Solution Items Providers Perceived as Higher Rank

- A professional who connects the family to therapist, mental health providers, and medical professionals and is an expert on available services in Milwaukee
- More placements for teens in crisis (examples: walkers point and pathfinders for runaways, etc.)
- Community based services that are easy to get to and accessible/ one place to go to get there needs meet such as a neighborhood center
- Better communication about what a family can expect when interacting with child welfare

Solution Items Providers Perceived as Lower Rank

- Professional who educates the parent/caregiver prior to and post-charge from a mental health facility and provides one-on-one assistance
- Education of the parent/caregiver to know specific medical needs of the child through intensive short-term one-on-one assistance in the parent, foster parents and/or kinship provider's home
- Community education focused on de-stigmatizing mental health conditions
- A professional who connects the family to peer/parent support groups, committed long-term mentors, parent advocates, youth support groups, etc.

Overall Rankings

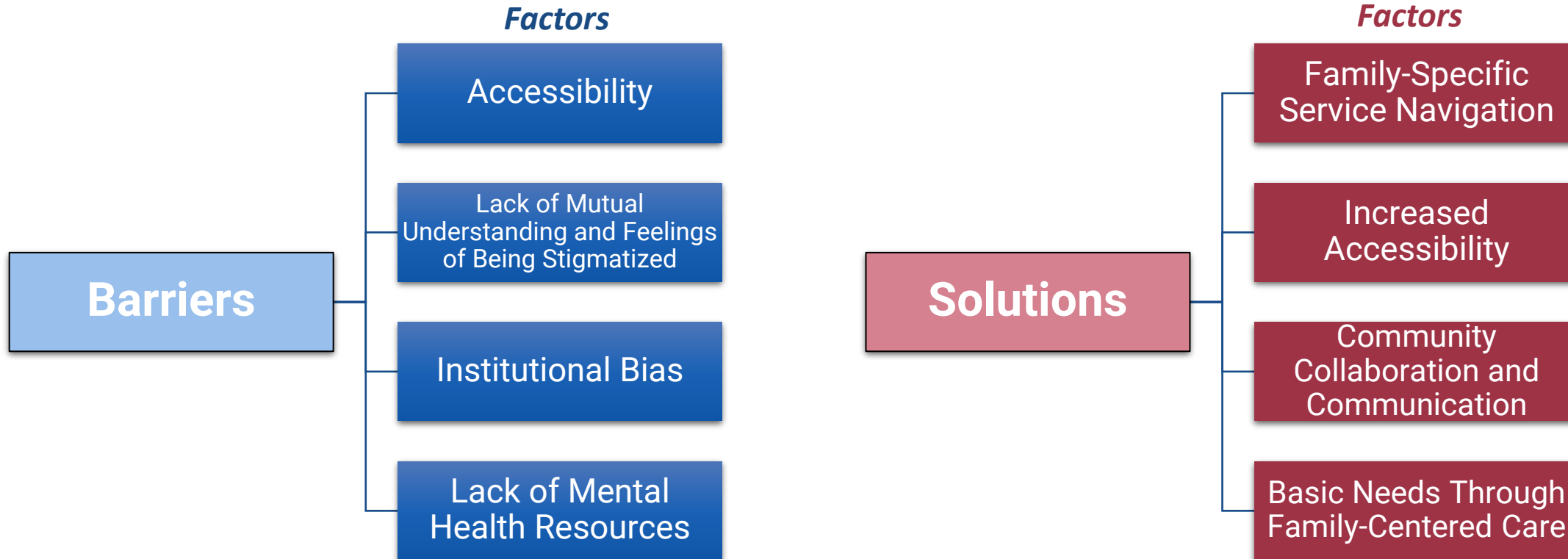
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DMCPS Provider and Consumer Surveys

Provider Survey: Key Findings – Part 1

Provider Survey: Key Findings for Part 1 – Factor Analysis



DMCPS Provider and Consumer Surveys

Provider Survey: Key Findings – Part 1

Accessibility

- Providers do not offer flexible schedules that align with family's schedules
- Locations where services are provided are difficult for families to reach
- The cost of services
- Programs for families are too long or time-intensive, making it difficult to retain family participation
- Wait time to receive services
- Services are ignored because the family's perception of basic needs are more important
- *Lack of knowledge about available services by the professionals helping the family
- *Professionals do not or are not able to connect the family to all the services needed

Lack of Mutual Understanding and Feelings of Being Stigmatized

- Stigma felt by the parent regarding the parent's or child's condition or issue
- Stigma felt by the parent/family due to the child abuse or neglect that occurred.
- Parent/guardians do not have a full understanding of the mental health diagnosis their child, family member, and/or they have
- Lack of identification of a condition or issue the family has by the professionals helping the family
- Parent/guardian and professionals helping the family does not have a shared understanding or agreement with the mental health treatment
- *Professionals are not skilled at teaching families how to navigate and access services in the Milwaukee community so the family can later access services independently
- *Lack of social support for the child and family in times of need

Institutional Bias

- Professionals with insufficient cultural competency knowledge and skills
- Insufficient diversity of providers (language, sexual orientation, ethnic background, etc.)
- Fear and distrust of system partners (police, child welfare professionals, juvenile justice professionals, etc.)
- An additional professional with specialized training for parents with delays or child with special needs to assist the IAS or CM
- *The child welfare system has unrealistic expectations for families with complex needs

Lack of Mental Health Resources

- There are not enough psychiatrists in Milwaukee County to serve children and families
- There are not enough therapists in Milwaukee County to serve children and families



DMCPS Provider and Consumer Surveys

Provider Survey: Key Findings – Part 1

Family-Specific Service Navigation

- A professional who connects the family to therapist, mental health providers, and medical professionals and is an expert on available services in Milwaukee
- A professional who connects the family to peer/parent support groups, committed long-term mentors, parent advocates, youth support groups, etc.
- A professional or person who connects the family to services to meet the family's basic needs and has a comprehensive understanding of the services available in Milwaukee.
- Standardized tool used by case managers and Initial assessment specialists to assess for the family's service needs
- *Education of the parent/caregiver to know specific medical needs of the child through intensive short-term one-on-one assistance in the parent, foster parents and/or kinship provider's home

Increased Accessibility

- Shorten the wait time to medical management
- Streamline services to reduce wait times
- More qualified providers who will accept the families with child welfare involvement/at-risk
- Therapeutic services that are short and clearly defined
- Family centered services

Community Collaboration and Communication

- Better communication about what a family can expect when interacting with child welfare
- Community education focused on de-stigmatizing mental health conditions
- Training and collaboration between child welfare agencies and partners regarding how to identify a condition or issue
- *Multi-lingual child welfare professionals or a contracted service provider with multi-lingual skills that is available for every interaction with the family

Basic Needs through Family Centered Care

- More placements for teens in crisis
- More placements where a family can stay together and receive services
- Community based services that are easy to get to and accessible/ one place to go to get there needs meet such as a neighborhood center
- A gradual process for securing basic needs built into serving families with child welfare involvement
- *More coordinated plans for families from the various professionals that assist the family, which will result in fewer plans for the family to keep track of



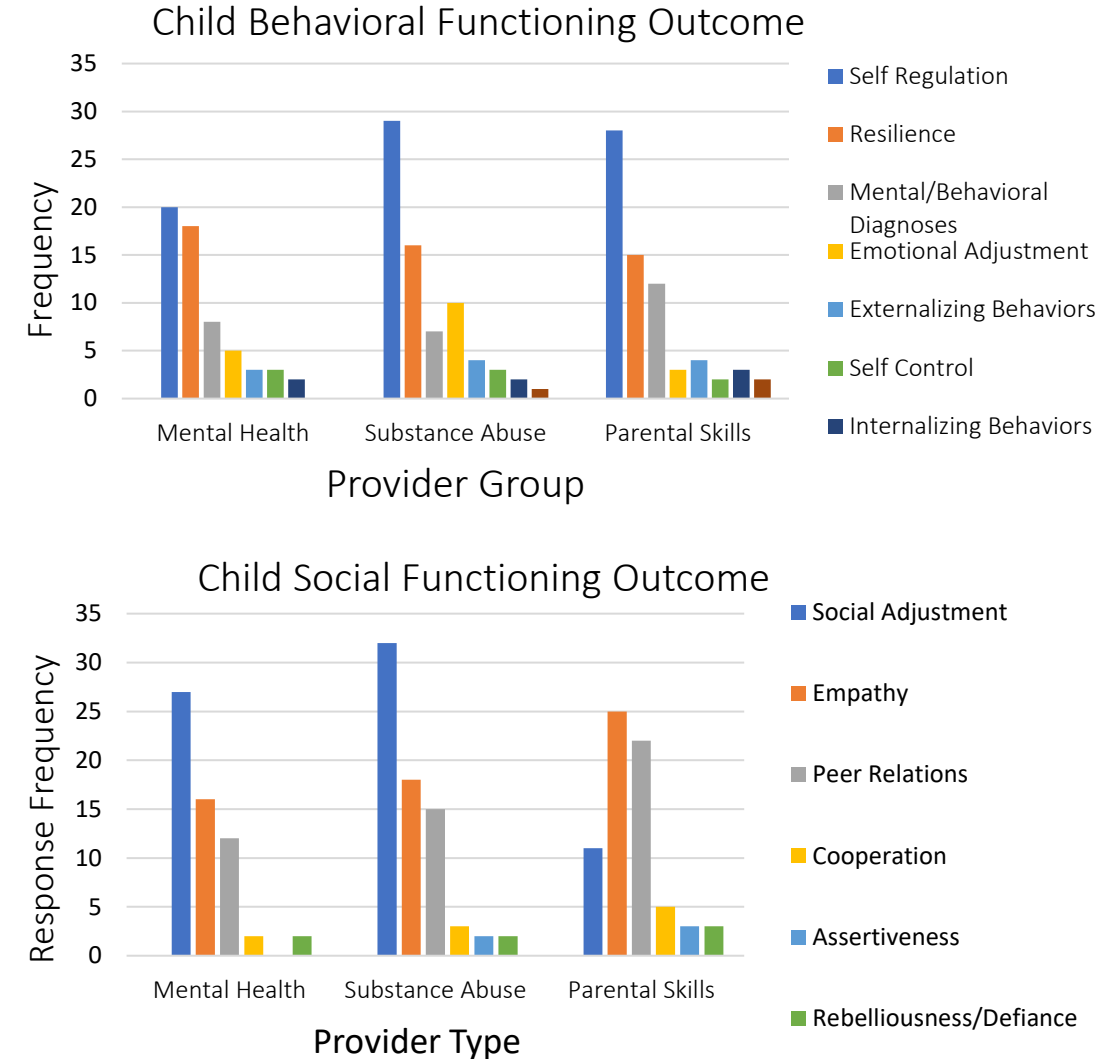
DMCPS Provider and Consumer Surveys

Provider Survey: Key Findings – Part 2

Provider Survey: Key Findings for Part 2 – Ranked Analysis of Targeted Outcome Subcategories

Grouped Findings – Split by Provider Focus

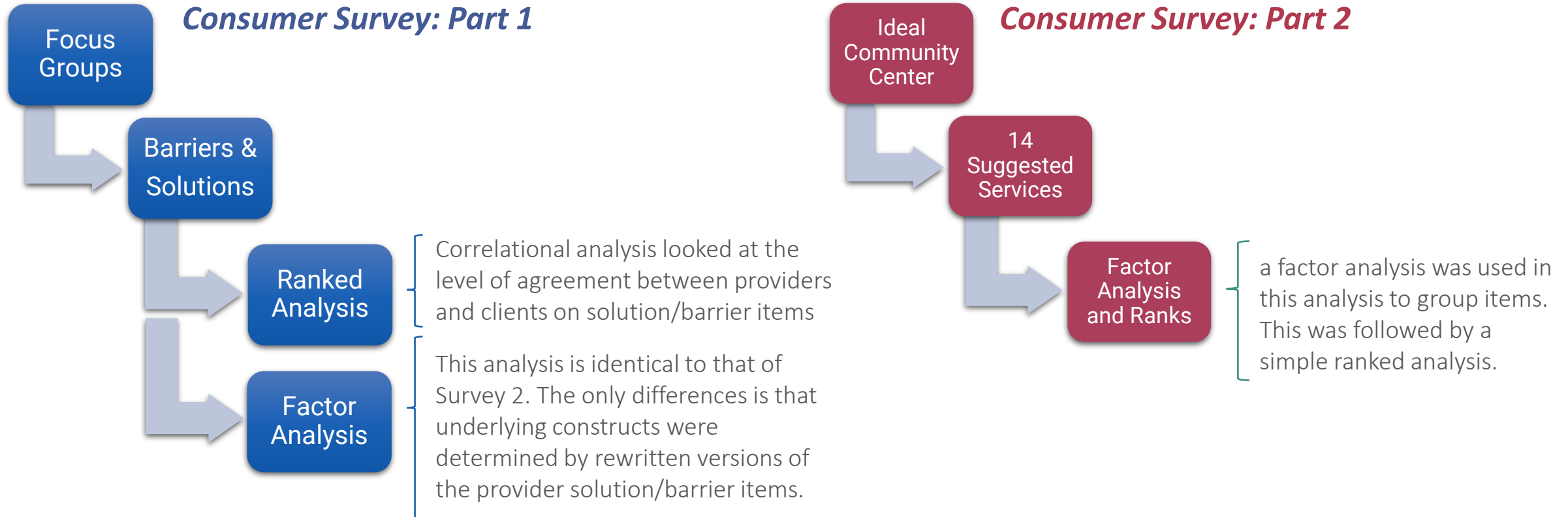
- Providers were asked to rank the subcategories of targeted outcomes.
- Targeted outcomes were broken down into the individual focused skills making up that outcome.
- The results of these responses were subjected to a series statistical tests to determine if there were any significant differences in the pattern of responses across provider type (MH, SA and PS)



DMCPS Provider and Consumer Surveys

Consumer Survey: Organization and Logic

Consumer Survey: Process and Analytical Concepts



DMCPS Provider and Consumer Surveys

Consumer Survey: Key Findings – Part 1

Consumer Survey: Key Findings for Part 1 – Ranked Analysis Results [Barriers]

As we can see in the table below, there is little agreement when comparing the rank order of barrier items ranked by provider and consumer.

- High agreement, would result in small changes in rank (Δ rnk).
- Low agreement would result in large changes in Δ rnk.

Provider/Client - Correlational Analysis	
Pearson r	Spearman rho
r = -.124 (p = .583)	r = -.140 (p = .534)

Prnk	Provider Barrier Question	Crnk	Client Barrier Question	Δ rnk
1	Fear and distrust of system partners (police, child welfare professionals, juvenile justice professionals, etc.)	14	I do not trust CPS, the courts, or police so I did not tell them everything	-13
2	Lack of social support for the child and family in times of need (i.e. healthy and safe family members, neighbors, mentors, teachers, etc.)	16	I do have family and/or friends, but I don't trust them to help me with my child(ren)	-14
2	Lack of social support for the child and family in times of need (i.e. healthy and safe family members, neighbors, mentors, teachers, etc.)	21	I did not have family or friends that were willing to help me	-19
3	There are not enough psychiatrists in Milwaukee County to serve	19	My worker and I could not find a psychiatrist for me or my child	-16
4	Parents/guardians do not have a full understanding of the mental health diagnosis their child, family member, and/or they have	20	It was hard to understand what doctors told me about my child's mental or physical health	-16
5	Wait time to receive services	4	The wait time to receive services was too long	+1



DMCPS Provider and Consumer Surveys

Consumer Survey: Key Findings – Part 1

Consumer Survey: Key Findings for Part 1 – Ranked Analysis Results [Barriers]

As we can see in the table below, there is little agreement when comparing the rank order of barrier items ranked by consumer and provider.

- High agreement, would result in small changes in rank (Δrnk).
- Low agreement would result in large changes in Δrnk .

Provider/Client - Correlational Analysis	
Pearson r	Spearman rho
$r = -.124$ ($p = .583$)	$r = -.140$ ($p = .534$)

Crnk	Client Barrier Question	Prnk	Provider Barrier Question	Δrnk
1	I was confused by the court process	n/a	Providers were not asked a corresponding question	n/a
2	I was unsure about my rights	n/a	Providers were not asked a corresponding question	n/a
3	I did everything the case manager or court asked and they still did not return my kids to me	n/a	Providers were not asked a corresponding question	n/a
4	The wait to receive services was too long	5	It was hard to understand what doctors told me about my child's mental or physical health	-1
5	My worker tried to answer my questions but could not answer all of them	18	Lack of knowledge about available services by professionals helping the family	-13



DMCPS Provider and Consumer Surveys

Consumer Survey: Key Findings – Part 1

Consumer Survey: Key Findings for Part 1 – Ranked Analysis Results [Solutions]

As we can see in the table below, there is little agreement when comparing the rank order of barrier items ranked by provider and consumer.

- High agreement, would result in small changes in rank (Δrnk).
- Low agreement would result in large changes in Δrnk .

Provider/Client - Correlational Analysis	
Pearson r	Spearman rho
$r = .382$ ($p = .097$)	$r = .389$ ($p = .090$)

Prnk	Provider Solution Question	Crnk	Client Solution Question	Δrnk
1	More placements where a family can stay together and receive services (e.g., Parent and child placements in a foster home, more shelters that house parents and children, etc.)	5	More places where a family can stay together and get services (e.g., parent and child placements in a foster home, more shelters that house the parent and children, etc.)	-4
2	More placements for runaway teens in crisis (e.g., Walker's Point and Pathfinders for runaways, etc.)	7	More placements for teens in crisis	-5
3	Community based services that are easy to get to and accessible / one place to go to get their needs met such as a neighborhood center (e.g., clothing, employment services, head start, housing services, daycare, etc.)	1	One place to go to get their basic needs met (e.g., clothing, employment services, head start, housing services, daycare, etc.) that is easy to get to.	+2
4	Family centered services (e.g., childcare available at therapist office, virtual therapy, etc.)	6	Services for the whole family offered in one place	-2
5	A professional or person who connects the family to services to meet the family's basic needs (e.g., food, clothing, housing, financial assistance, etc.) and has a comprehensive understanding of the services available in Milwaukee.	9	An expert who can connect the family with basic needs	-4



DMCPS Provider and Consumer Surveys

Consumer Survey: Key Findings – Part 1

Consumer Survey: Key Findings for Part 1 – Ranked Analysis Results [Solutions]

As we can see in the table below, there is little agreement when comparing the rank order of barrier items ranked by provider and consumer.

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Provider/Client - Correlational Analysis	
Pearson r	Spearman rho
$r = .382$ ($p = .097$)	$r = .389$ ($p = .090$)

Crnk	Client Solution Question	Prnk	Provider Solution Question	Δrnk
1	One place to go to get basic needs met (clothing, employment services, head start, housing services, daycare, etc.) and which is easy to get to	3	Community based services that are easy to get to and accessible/one place to go to get needs met such as neighborhood center (clothing, employment services, head start, housing services, daycare, etc.).	+2
2	Crisis workers who can help parents handle children with difficult behavior	n/a	Providers were not asked a corresponding question	n/a
3	One -on-one assistance for the parents of special medical needs children in the home	16	Education of the parent/caregiver to know specific medical needs of the child through intensive short-term, one-on-one assistance in the parent, foster parent, or kinship provider's home.	+13
4	More placements for teens in crisis	2	More placements for teens in crisis (e.g. Walker's Point, Pathfinders for Runaways, etc.)	-2
5	Child welfare staff that can speak the language of the family involved in the child welfare system	12	Multilingual child welfare professionals (Spanish, Hmong, Burmese, Arabic, Sign Language, etc.) or a contracted service provider with multilingual skills that is available for every interaction with the family.	+7



DMCPS Provider and Consumer Surveys

Provider and Consumer Survey: Comparative Analysis

Rank Analysis Comparison Between Provider and Client Survey

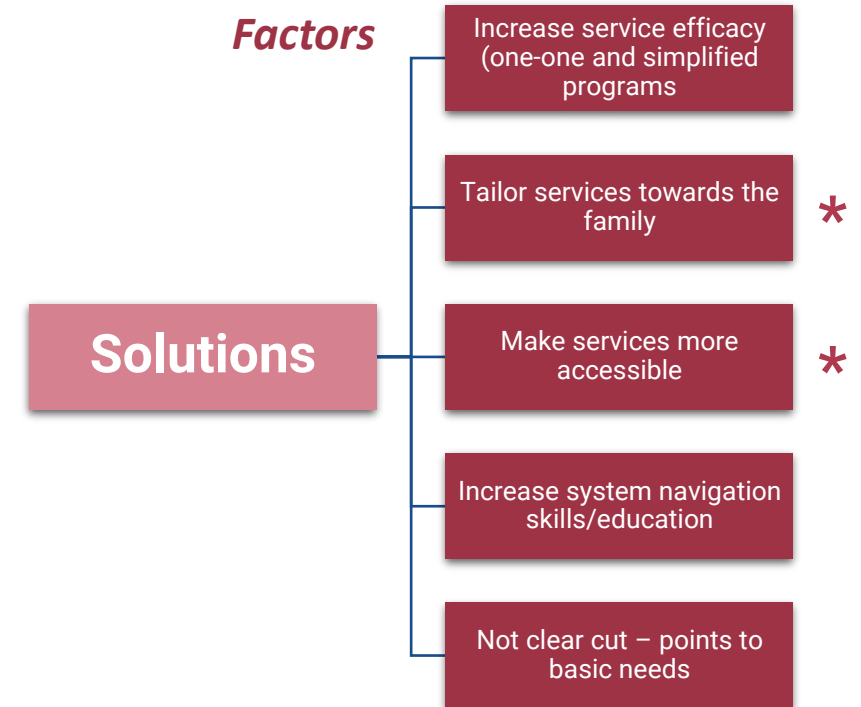
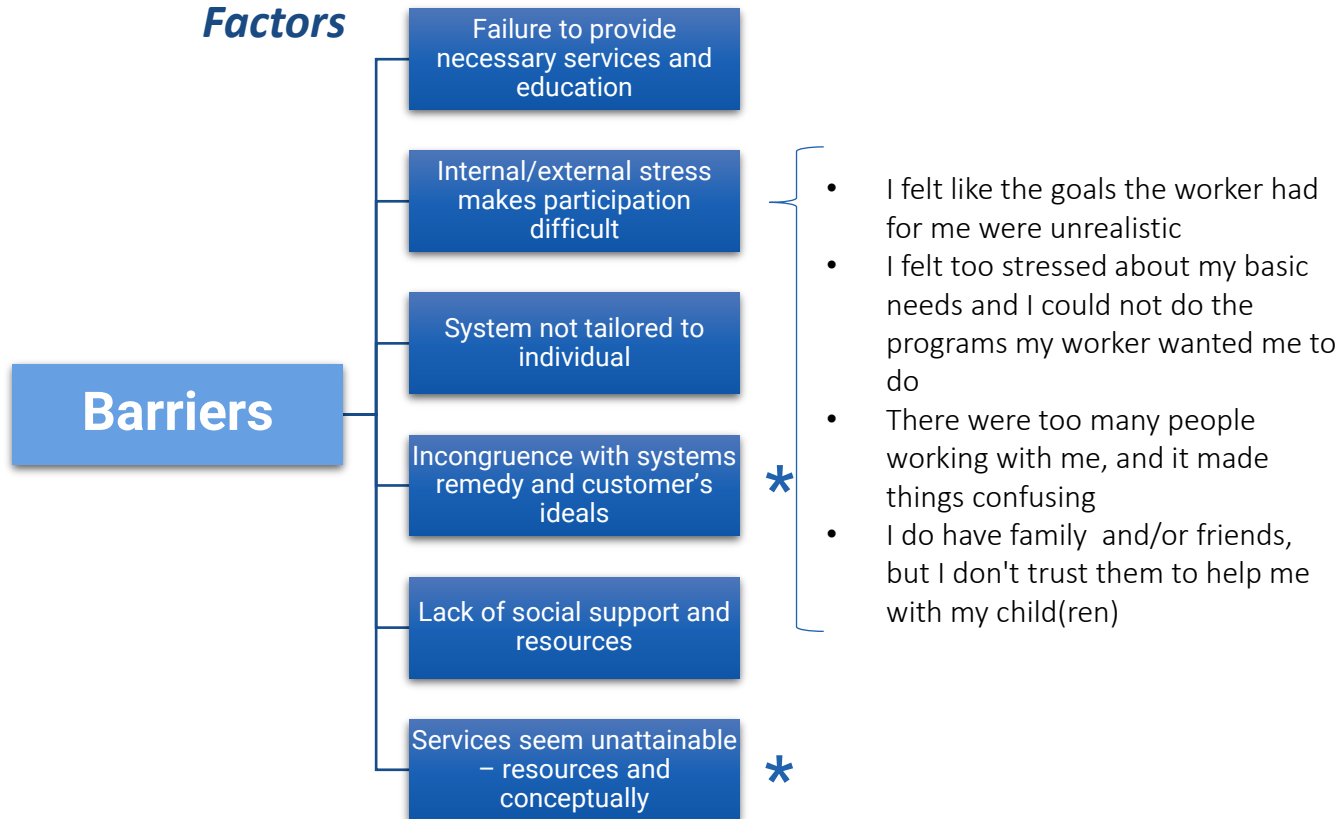
- Questions with small Δ_{rnk} absolute values ($|-3| - 3$) across surveys could be considered aligned. Larger values would be considered not aligned.
- Areas of alignment are easy – when focusing on Family First services to implement focus on alignment of highly ranks barriers and solutions shared by providers and clients
- Identify areas that are not aligned between providers and clients – why are they not aligned
 - Have established practices by providers been detrimental to families served?
 - Should practices to better aligned with consumer identified barriers rather than provider perceived barriers?



DMCPS Provider and Consumer Surveys

Consumer Survey: Key Findings – Part 1

Consumer Survey: Key Findings for Part 1 – Factor Analysis Results



DMCPS Provider and Consumer Surveys

Consumer Survey: Key Findings – Part 1

Failure to provide necessary services and education	Internal/external stress makes participation difficult	System not tailored to individual	Incongruence with systems remedy and customer's ideals *	Lack of social support and resources	Services seem unattainable – resources and conceptually *
<ul style="list-style-type: none">•My worker and I could not find a psychiatrist for me or my child•My worker and I could not find a therapist for me or my child•My CPS worker and other professionals did not agree on plans for me and my child(ren)•My worker did not teach me how to get services and help for my family•My worker did not connect me to services, and I did not have time to get services by myself•My CPS worker was not sensitive to my culture or language•I was confused by the court process•I was unsure about my rights•The wait time to receive services was too long	<ul style="list-style-type: none">•I felt like the goals the worker had for me were unrealistic•I felt too stressed about my basic needs and I could not do the programs my worker wanted me to do•There were too many people working with me, and it made things confusing•I do have family and/or friends, but I don't trust them to help me with my child(ren)	<ul style="list-style-type: none">•I did not feel comfortable with professionals who don't speak my language or look like me•The therapist/psychiatrist's office hours conflicted with my schedule•I do not trust CPS, the courts, or police so I did not tell them everything	<ul style="list-style-type: none">•The program and services I participated in took too long•I did not agree with the doctor/nurse or mental health professional•My worker tried to answer my questions but could not answer all of them	<ul style="list-style-type: none">•I did not ask my friends and family for help because I did not want them to know I was involved with CPS•I did not have family or friends that were willing to help me	<ul style="list-style-type: none">•Services were too expensive•It was hard to understand what doctors told me about my child's mental or physical health•Services I needed were not covered by insurance



DMCPS Provider and Consumer Surveys

Consumer Survey: Key Findings – Part 1

Increase service efficacy (one-one and simplified programs)

- One-on-one parent education before and after a child is a patient at a mental health facility
- Better communication between professionals so parents do not have to explain the same thing over and over again
- One-on-one assistance for the parents of a special medical needs child in the home
- Simplify services to reduce wait times
- Crisis workers who can help parents handle children with difficult behavior
- A dependable tool used by child welfare staff to understand the family's needs
- Fewer plans to keep track of and fewer people involved in cases

Tailor services towards the family *

- More places where a family can stay together and get services (for example: parent and child placements in a foster home, more shelters that house the parent and children, etc.)
- Child welfare staff that can speak the language of the family involved in child welfare
- Therapies and programs that are short and well-defined
- More placements for teens in crisis

Make services more accessible *

- Services for the whole family offered in one place
- An expert on services who can connect the family to medical and mental health providers
- A plan for getting basic needs that is built into serving families in child welfare

Increase system navigation skills/education

- Better advice about what a parent can expect with child welfare
- A person who can connect the family to support groups, long term mentors, youth groups and parent advocates
- One place to go to get their basic needs met (clothing, employment services, head start, housing services, daycare, etc.) and is easy to get to.
- More providers who will take a family with child welfare involvement

Not clear cut – points to basic needs

- Create support around families involved in child abuse or neglect
- Shorten the wait time to receive medication
- An expert who can connect the family with basic needs



DMCPS Provider and Consumer Surveys

Consumer Survey: Key Findings – Part 2

Consumer Survey: Key Findings for Part 2 – Community Center Preferences

Consumers ranked specific items they would like to see in a hypothetical community center. This final rankings can be seen in the Consumer Response Table

A factor analysis was also conducted to see if there are any underlying constructs. Although the sample size was small and results should be interpreted with caution, these items seemed to group around these four constructs:

- Childcare
- Basic needs
- Adult education
- Support

Community Center Consumer Response Table		
Community Center Item	Crnk	
Fun activities and classes for children	2	Childcare
Head start or 3K	9	
Family visitation center	11	
Childcare	1	
Health Clinic/Pharmacy	6	
Mental health services	5	
Food pantry	3	Basic Needs
Clothing and toiletries	8	
Housing services or assistance	4	
English as a second language classes	14	Adult Education
Parenting classes	7	
Alcohol or drug addiction treatment	10	
W2 or financial assistance**	12	Support
Support groups	13	

**Can be included in Basic Needs



DMCPS Transformation Planning and Family First Efforts

- 2018-2019: Surveys and program scan; focus groups (prevention planning focused); working with DSP Groups
- 2020: Continued working with DSP on Strategic Teams; COVID
- 2021: Planning for Milwaukee implementation of FFPSA



DMCPS Provider and Consumer Surveys

What is DMCPS Doing Right Now?

What is DMCPS Doing Right Now?

- Jan-September: pre-work phase of FFPSA and systems transformation in Milwaukee
- Targeting efforts in 3 areas
 - Data and systems change measurement
 - Preventing removals
 - Family settings and QRTP
- How are we going to measure our change? What is the most important thing we should focus on right now? How do we build stakeholder and community buy in?



Title IV-E Prevention Clearinghouse Programs Under Consideration for Wisconsin's Prevention Plan

- Well-Supported Parenting Interventions:
 - HomeBuilders
 - Healthy Families of America
 - Parents as Teachers
 - Nurse-Family Partnership
- Well-Supported Case Management Intervention:
 - Motivational Interviewing



Child Welfare Strategic Plan and Transformation Initiative

Vision: All Wisconsin children are safe and loved members of thriving families and communities

Shared Child Welfare System Purpose: Strengthen all Wisconsin families to support their children **because** children belong with their families

Strategic Priorities



We build local prevention services to support families in their home

Safely transform the child welfare and youth justice system to **dramatically increase** the proportion of children supported in their homes and communities

Nurture and develop a **continuum of prevention and family preservation services** to support families and, where necessary, prevent a child's removal to keep families together



We keep children in family-like settings whenever possible

Identify, recruit and support relative and like-kin caregivers, in support of children and youth who cannot be safely maintained in their home

Elevate and support the role of individuals with lived experiences to **inform** system changes



We improve our group care system

Engage with providers across the state to elevate the quality of group care through trauma-informed, child-centric, and treatment-oriented approaches

Utilize **short-term** group care stays for children with complex needs to get kids back to family-like settings

Support group care providers in meeting the needs of children and youth with complex needs closer to home



We support our workforce with solutions and improvements

Invest in improvements in training, technology, and practices and processes to maximize time with families

Design a caseworker training model based on the needs of the workforce and the system

Enhance infrastructure to support youth justice initiatives and increase cross-system collaboration

Statement of Diversity, Equity and Inclusion

We include diverse perspectives through engaging a wide range of voices in shaping our child welfare transformation; and strive for fairness and justice in our child welfare system thru addressing racism, inequities and barriers to inclusion.]



Questions?

